VSH Futures Advisory Committee
January 29, 2007 2:00 – 4:30 PM
Skylight Conference Room, Waterbury

Minutes

Next meeting: February 26, 2007 2:00 p.m. to 4:30 p.m.
Skylight Conference Room - State Office Complex, Waterbury

Present

AHS Secretary Cynthia LaWare
VDH Acting Commissioner Sharon Moffatt
Deputy Commissioner for Mental Health Michael Hartman

Advisory Committee Members: Jackie Leman, HCHS; Kitty Gallagher, Adult State Standing Committee; Ron Smith, DOC; Jeff Rothenberg, CMC; Jack McCullough, MHLP; Sandra Steingard, HCHS; Stan Baker, HCHS/DD/Autism Division; Sally Parrish, advocate; David Fassler, VPA; Conor Casey, VSEA; Nick Emlen for Paul Dupre, Vermont Council; Ed Paquin, VP&A; Larry Lewack, NAMI-VT; Xenia Williams, advocate; Michael Sabourin, advocate; Anne Jerman, VSH; JoEllen Swaine, VSH; Larry Thomson, VSH; Peter Albert, Retreat Healthcare. Also present, Jason Williams, FAHC (for Meg O'Donnell); and Lucie Garand, VAHHS (for Bea Grauss).

Guests:
Bruce Spector, BISHCA; Rep. Anne Donahue, Counterpoint; Richard Lanza, LCMH; Mike Kuhn, BGS; Eric Grims, NEKHS: Daniel Miller, VSH.

Staff:
Beth Tanzman, Judy Rosenstreich, Norma Wasko, Frank Reed, Dawn Philibert and Bill McMains, VDH/DMH; Wendy Beinner and Jessica Oski, AAG/DMH; Terry Rowe, VSH.

Welcome
Acting Health Commissioner Sharon Moffatt welcomed Michael Hartman whose first day as Deputy Commissioner of Health for Mental Health is today.

Secretary LaWare Presents Budget Parameters
The Secretary described the financial pressures on the Agency of Human Services, some of which stem from unfunded federal mandates arising from citizenship requirements, payment errors and TANF program rules. Vermont must comply with such mandates at the very high costs likely to be incurred. On the state level, Catamount Health has added pressures to the agency's budget. In addition, the Department of Corrections has a health care contract and obligations to pay for increased out-of-state bed utilization.

Low-income home energy assistance (LIHEAP), early education and pre-kindergarten, and the reauthorization of the Temporary Assistance for Needy Families (TANF) program are among the agency's budget challenges for FY 08.

The Vermont State Hospital census has been running higher than the 32-bed level that was budgeted.

Secretary LaWare stated that the Governor is recommending a budget increase for Mental Health of 11.3 percent compared to an overall state budget General Fund increase of just 3.16 percent. The increases for mental health indicate a high priority and include:

- Designated Agencies……..up 7.5 percent
- Housing……doubling of the subsidy plus transitional options
- Crisis beds……adding up to 10 beds

Secretary LaWare framed the challenge for the Futures Advisory Committee: to provide the best recommendations within the budget parameters.

Finally, the Secretary took a moment to express how pleased she is that Deputy Commissioner Hartman has agreed to join our team. She looks forward to working with Michael and Sharon on the entire Futures plan.

Deputy Commissioner Hartman

Michael shared his observations over the last few weeks, emphasizing that Futures is not just about VSH but encompasses the whole system of care. Although time did not permit discussion of some salient issues, Michael identified challenges apparent to him.

- Funding of services
- Integrated health care, i.e. mental health, substance abuse, and health
- IMD issue (Institution for Mental Disease)
- Public perception that Futures is more than a new state hospital building
- Pressures on staff; understanding of the intensity of planning and operations
- VSH census still around 54 beds

Michael stressed the importance of the stakeholder community being actively involved in helping to bring about greater understanding of these and other challenges.

PUBLIC COMMENT

Secretary LaWare responded to Anne Donahue's question, whether the Governor's budget for human services was a public document. The Secretary had explained that she was scheduled to present the budget to the House Appropriations Committee in February and, until then, it was a matter of protocol to present the budget to the legislature first. It is, however, a public document. Anne requested the budget detail.

Discussion of Budget Issues

Beth explained that DMH is operating the state hospital on a budget that was based on 32 beds. The census is at or close to the 54-bed capacity. Michael Sabourin asked for this clarification.

In response to Jeff Rothenberg, Beth shared that the housing portion of the Futures budget provides a recommended increase of $460,000 over the current allocation of $390,000. For new crisis bed capacity, the budget is designed to get as close as we can to 10 beds and at a higher cost per bed.

The administration proposal to reserve any "waterfall" receipts---money left over at the close of the fiscal year---may not be realistic, commented Jack McCullough. Secretary LaWare explained that the administration's intent is to set aside any extra, available funds to help us save toward the capital costs to replace VSH.

Governing Body of Vermont State Hospital

It is necessary that the Futures Advisory Committee consider this issue because the original legislation, Act 122 of 2004, creating the VSH Futures Advisory Committee, listed areas the committee shall consider and make recommendations on, including "governance of the Vermont state hospital and an assessment of the role of the board of mental health and whether new members should be appointed."

Wendy Beinner reviewed the history of the Governing Body, its legal status, and possible ways to resolve questions surrounding its authority and role. In particular, there are issues surrounding the public members, e.g. non-state employees. Wendy's research findings are outlined in a memorandum dated December 18, 2006, that was distributed to the Advisory Committee and posted on the DMH website.

Members of the Advisory Committee discussed the role of the public members of the VSH Governing Body, commenting that the public members are not given as much information as they need to do their jobs, that they are not empowered, and, therefore, are not able to serve in an oversight capacity. Public members of the Governing Body are not legally accountable, they do not have legal authority to bind the state. Under Vermont law, the commissioner of health may delegate authority only to those people who are legally accountable, i.e., officers or agents of the State of Vermont. Members of the Governing Body, explained Wendy, must be *officers of Vermont* within the meaning of the statute.

Later in the meeting, Commissioner Moffatt offered that Wendy will develop a response to the questions and issues raised concerning the Governing Body and further discussion (See below.) on the idea of re-establishing the Board of Mental Health. Commissioner Moffatt suggested a format that could show the history, information from other states, criteria around a board of mental health, pending Vermont legislation, and other pertinent findings to inform the discussion.

Board of Mental Health

Larry Lewack presented a proposal to reconstitute the Board of Mental Health as an alternative to the VSH Governing Body. In 1998, members of the Board of Mental Health voted to disband that body, a decision later validated by an Executive Order from Governor Howard Dean. The responsibilities were thought to have transferred to the Adult Program Standing Committee. Comments from Advisory Committee members as well as public indicated that while the Standing Committee voted to assume those functions, it may not be performing all of the responsibilities of the Board of Mental Health.

Larry offered his reasoning for a Board of Mental Health.

- Provide perspectives on quality, integrity and compliance with legal requirements
- Allow managers to be managers and have others serve on an oversight board
- Pressures on the VSH census are high
- Oversight from an outside body is critical
- Serve as a vehicle to achieve transparency
- Global oversight over the whole system
- Provide meaningful oversight and policy direction

Wendy shared that the Vermont statute made virtually all boards advisory when the Agency of Human Services was created. Prior to this, many of the functions of the literally dozens of boards that at one time oversaw state departments had already been taken away.

Xenia requested that Wendy look at the status of boards that oversee designated hospitals to learn how private hospitals in Vermont are governed.

Jeff questioned whether the state desires a governing body designed to achieve transparency and accountability.

Larry Thomson advised that any new governance structure for the state hospital should be designed with the goal shared by all for the state hospital to have a strong connection to Fletcher Allen Health Care.

Michael Hartman brought up the governance arrangement for Second Spring, a program of Collaborative Solutions Corporation, Inc., a consortium of three designated agencies in our system of care. How would decisions of a governing body, a board of mental health, that provides oversight for the whole system, as Larry Lewack suggests, impact the liability of the consortium, which would have no control over those decisions?

In response to a comment from Jack McCullough, Wendy distinguished between asking for input on a policy that the AAG's office is reviewing and delegation of authority to the public members of a board who are not empowered to make decisions on budget, contracts, and the like.

Ed Paquin's experience at Vermont Protection and Advocacy is that the state has lacked investigative resources since the disbanding of the Board of Mental Health. VP&A has *federal* resources to investigate. There ought to be a more formalized structure over the Vermont State Hospital as VP&A should not have to do what we do.

David Fassler observed that no one on the Advisory Committee has argued that there should not be any board. He suggested that this option be taken off the table. The thread of the discussion seems to favor a body that has independent representation to engender trust and empowerment.

PUBLIC COMMENT
Anne related that it was a 5-month process to put together the Governing Body in 2004. In the Spring of 2005, the initial news of the Department of Justice investigation was not shared with the public members. Applications for appointment to the Governing Body have not had a timely response. A "bill" (drafting request until a bill number is assigned) could be taken up by the Legislature without the Advisory Committee developing a recommendation.

<u>VSEA State Hospital Replacement Proposal</u>
The Vermont State Employees' Association had requested postponement of their presentation to the February meeting so the agenda was changed to allow for discussion of the Care Management Work Group's recommendations.

<u>Care Management System Design</u>
Beth opened the discussion of next steps toward developing a care management system design. The work group has brought the issues, conceptual framework, and principles of a care management system to the forefront. At this point in their deliberations, they recommend an RFP process to

1) secure design services to develop the system, and
2) implement a pilot project in a single community that has both a crisis bed program and a local psychiatric hospital program to test the design.

The idea is to build upon the care management principles that were developed and the protocols that support these principles in regard to admission and discharge. One organization would do a field trial. This would be a Designated Agency that has a crisis bed program (admissions and discharges) and a hospital in its area. A dedicated position is needed to facilitate the pilot project. The CRT Council, represented by Richard Lanza, favors this plan for a proposed pilot. Richard brought the proposal for a field trial to the Advisory Committee for its consideration.

A full-time equivalent person skilled in data analysis is also needed to document and analyze trends, strengths, and outliers. There would be a treatment review panel, an independent group to look at the data.

DISCUSSION
David Fassler asked about patient confidentiality issues. Does the patient need to consent to have their information put into the system? Richard Lanza said that most likely a consent form would be used.

Sandy Steingard supported the trial, stating that this will help us to understand how patients move around the system. It is a way to translate clinical information into data. Sandy agreed that the clinical information is confidential.

Wendy Beinner offered to look at this from a legal perspective to make it work.

The reason for the pilot is to find out how the proposed care management system design will work in the real world. Without this field trial, we will not know if this is the system design that we want to implement statewide. It will prepare us to answer the question, what is the design, structure, and operations that would make a care management system really work for us? It is an opportunity to take the theory and attain substantive findings such as why it is important to integrate services.

Stakeholders will review the draft products developed.

Nick related an experience that happened in the Care Management Work Group meeting. Suddenly, three cell phones rang. Three psychiatrists from three hospitals left the meeting to go into the hall. All three were responding to the same issue, trying to respond to the needs of a client! The need for system design came home to Nick as the communications back and forth were happening right there!

Comments supported the work group's conclusion: Without a field trial and system design, the care management system proposals would be much more of an abstraction and not tied in to what is happening on the ground.

Beth noted that as we look at how people move across the system, it would be helpful to know what has made an impact in other systems.

PUBLIC COMMENT
Anne suggested taking the new rule on Advanced Directives into account. Xenia added that people will have to consider what they have in their AD.

Next agenda: February 26, 2007

1. Governing Body of VSH; other models such as a Board of Mental Health
2. VSEA proposal to replace functions performed at Vermont State Hospital
3. Resolution on development of residential programs (Jack McCullough)

NOTE: Resume discussion of Act 114 at a future meeting.

The meeting adjourned at 4:20 p.m.

SUBMITTED BY: Judy Rosenstreich jrosen@vdh.state.vt.us